

FROM

(TUE) AUG 24 2004 8:24/ST. 8:23/NO. 6329645066 P 1

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FAX NO. (703) 872-9306 **DATE:** August 24, 2004

OUR REF. DBS-103-1; 09/705,569 **YOUR REF.:** _____

DELIVER TO: Examiner Albert William Paladini

FROM: Loren G. Helmreich/mj

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): [No of
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14



Examiner: Albert Paladini:

Please find enclosed an amendment to an Office Action dated 8 17 2004. Should you not receive a total of 14 pages, please call me at (713) 266 5593 or fax to (713) 266 5169 requesting retransmission. Our reference no. DBS-103-1; 09/705,569.

Thanks!
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. DBS-103-1	
Applicant(s): KEVIN L. GLASS						
Application No. 09/705,569	Filing Date 11/03/2000	Examiner ALBERT W. PALADINI	Customer No.	Group Art Unit 2125	Confirmation No. 6671	
Invention: METHOD FOR OPTIMIZING THE BIT DESIGN FOR A WELL BORE						
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COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	33 -	33 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-4345 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div>						
 Signature			Dated: AUGUST 24, 2004			
LOREN G. HELMREICH, REG. NO. 29,389 BROWNING BUSHMAN, P.C. 5718 WESTHEIMER, SUITE 1800 HOUSTON, TX 77057 TELEPHONE: (713) 266-5593 FACSIMILE: (713) 266-5169			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>8-24-2004</u> (Date)</div> <div style="text-align: center;"> Signature of Person Mailing Correspondence</div> <div style="text-align: center;">MARTHA JEFFERS Typed or Printed Name of Person Mailing Correspondence</div>			
cc: FILE						

P11LARGE/REV08